

ExxonMobil Production Company
CORP-WGR-954
P.O. Box 4358
Houston, Texas 77210-4358

ExxonMobil
Production

✓
MP
8/19/13

July 18, 2013

2nd Quarter, 2013 Report
Eastern Portion OCS-Gulf of Mexico
NPDES General Permit No. GEG460000

OVERNIGHT MAIL: 1Z V7F 007 13 9315 2285

Attn: Director
Water Management Division
US EPA - Region 4
Sam Nunn Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, GA 30303-8960

Dear Sir or Madam:

ExxonMobil Production Company respectfully submits the 2nd Quarter, 2013 Discharge Monitoring Reports for the reporting period of April 1 through June 30, 2013, for the facilities listed below.

Facility	Permit #
Mobile 827CB	GEG460503 ✓
Mobile 867BB	GEG460504 ✓
Mobile 869A	GEG460536 ✓
Mobile 823A	GEG460535 ✓
Mobile 822G	GEG460591 ✓

No Discharge/No Activity Listing	
Facility	Permit #
Mobile 822 E	GEG460534 ✓
Mobile 822 F	GEG460571 ✓

Should you have any questions regarding this submittal, please contact Shelby Pennington at (713) 431-1247.

Sincerely,



Shelby G. Pennington
Regulatory Specialist
ExxonMobil Production Company

2013 JUL 19 11:23 CWEE

/sgp
Enclosures

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION

GEG460503
PERMIT COVERAGE
NUMBER

001 1
DISCHARGE NUMBER

DRILLING FLUIDS
AQUEOUS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			ONCE PER WEEK	Grab
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(99)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	1000 MX HR RT	BBL/HR	*****	*****	*****	*****		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247		
TYPED OR PRINTED									AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE							MO	DAY	YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 827CB**

LOCATION

GEG460503
PERMIT COVERAGE
NUMBER

002 1
DISCHARGE NUMBER

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD

MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		GRAB	
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		GRAB	
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		CK REQ	
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		CK REQ	
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		GRAB	
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247		
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE									MO DAY YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503		003 1		DRILL CUTTINGS	
PERMIT COVERAGE		DISCHARGE NUMBER		NAF	
NUMBER					
MONITORING PERIOD					
FROM	MO	DAY	YEAR	TO	MO DAY YEAR
	04	01	13		06 30 13
					NO DISCHARGE <input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	*****	*****	PPM		SEE PERMIT	GRAB	
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB	
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.00001 QTR MAX	RATIO		SEE PERMIT	CK REQ	
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ	
STOCK BASE FLUID BIODEGRADATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ	
DRILL CUTTINGS SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ	
DRILL CUTTINGS FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION

GEG460503
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK GRAB		
BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	6.9 QTR AVG	*****	PERCENT		SEE PERMIT GRAB		
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.4 QTR AVG	*****	PERCENT		SEE PERMIT GRAB		
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT CK REQ		
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT CK REQ		
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/ WEEK VISUAL		
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH ESTIMA		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
TYPED OR PRINTED										MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503			004 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

PRODUCED WATER

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23)		
	PERMIT	*****	*****	*****						
	REQUIREMENT	*****	*****	*****		PERCENT	SEE PERMIT		CK REQ	
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23)		
	PERMIT	*****	*****	*****						
	REQUIREMENT	*****	*****	*****		PERCENT	SEE PERMIT		CK REQ	
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MO MIN	*****	*****	(1U)		
	PERMIT	*****	*****	*****						
	REQUIREMENT	*****	*****	*****		RATIO	SEE PERMIT		CK REQ	
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 29.0 MO AVG	NODI = C 42.0 DAILY MX	(19)	MG/L		
	PERMIT	*****	*****	*****						
	REQUIREMENT	*****	*****	*****		ONCE/MONTH			GRAB	
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****			
	PERMIT	*****	REPORT			*****				
	REQUIREMENT	*****	QTR MAX			*****			ONCE/MONTH	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT									
	REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT									
	REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT							713-431-1247			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503
PERMIT COVERAGE
NUMBER

005 1
DISCHARGE NUMBER

DECK DRAINAGE

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			SEE PERMIT	VISUAL	
							MO TOTAL	# DAYS				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
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Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE								MO	DAY	YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503			006 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

TCW FLUIDS

FROM _____ TO _____ NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE 00556 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL 82603 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME 82604 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247			
TYPED OR PRINTED								AREA NUMBER		MO DAY YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503			007 1		
PERMIT COVERAGE			DISCHARGE NUMBER		
NUMBER					
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	06	30	13

SANITARY WASTE

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(19)					
	PERMIT REQUIREMENT	*****	*****	*****	1.0 DAILY MN	*****	*****	MG/L		ONCE/MONTH	GRAB		
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		DAILY	VISUAL		
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(94)	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	REPORT VALUE	0=YES 1=NO	*****	*****	*****	*****		ONCE/MONTH	CERTIF		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247				
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503			008 1			
PERMIT COVERAGE NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

DOMESTIC WASTE

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M) # DAYS				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL			SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 827CB**

LOCATION

GEG460503
PERMIT COVERAGE
NUMBER

009 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES - NO
CHEMICALS ADDED

MONITORING PERIOD
MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION

GEG460503
PERMIT COVERAGE
NUMBER

010 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES
CHEMICALS ADDED

MONITORING PERIOD
MO DAY YEAR
FROM 04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT 7 DA MIN	NODI = C REPORT MO AV MN	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****					PERCENT	SEE PERMIT	CK REQ	
	NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****					*****	NODI = C REPORT 7 DA MIN	NODI = C REPORT MO AV MN	*****
PERMIT REQUIREMENT	*****	*****	*****	PERCENT	SEE PERMIT	CK REQ						
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 0 MO TOTAL	*****	(1M)					
PERMIT REQUIREMENT	*****	*****	*****	*****				SEE PERMIT	VISUAL			
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	NODI = C	(03)				*****	*****	*****		
PERMIT REQUIREMENT	*****	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****	*****	ONCE/ MONTH	ESTIMA		
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MO MIN	*****	*****	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****					RATIO	SEE PERMIT	CK REQ	
		SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED												
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		MO DAY YEAR						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 827CB**
LOCATION _____

GEG460503		011 1	
PERMIT COVERAGE NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MO	DAY	YEAR	TO MO DAY YEAR
04	01	13	06 30 13

REPORTS

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
COOLING WATER BASELINE STUDY 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0*	(9P)	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ	
COOLING WATER BASELINE STUDY 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	(9P)	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ	
CERTIFICATION SUBMITTAL? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(9P)	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED									AREA NUMBER		MO DAY YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

* Participating in EPA Region 6 Industry-wide study. No cooling water intake structure at facility.

RE: NPDES Permit No. GEG460503

Mobile 827CB

Discharge Monitoring Reports
for April 1 – June 30, 2013

DISCHARGE MONITORING REPORT

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Russell Golson

(Name)



(Signature)

Operations Superintendent
ExxonMobil Production Company
A Division of Exxon Mobil Corporation

(Title)

7 - 15 - 13

(Date)

5/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
MOBILE 867BB

FACILITY

LOCATION

GEG460504		001 1		DRILLING FLUIDS			
PERMIT COVERAGE		DISCHARGE NUMBER		AQUEOUS			
NUMBER							
MONITORING PERIOD							
MO	DAY	YEAR	MO	DAY	YEAR		
04	01	13	TO	06	30	13	
FROM						NO DISCHARGE	<input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE PER WEEK	GRAB
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI=C	(99)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	1000 MX HR RT	BBL/HR	*****	*****	*****	*****		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247		
TYPED OR PRINTED							AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION

GEG460504
PERMIT COVERAGE
NUMBER

002 1
DISCHARGE NUMBER

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD
MO DAY YEAR
FROM 04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	(20)					
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB		
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	(20)					
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB		
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.0 QTR MAX	*****	MG/KG		SEE PERMIT	CK REQ		
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 QTR MAX	*****	MG/KG		SEE PERMIT	CK REQ		
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	(1M)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	0 QTR TOTAL	*****	# DAYS		ONCE/WEEK	GRAB		
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	*****	*****	*****	*****					
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	*****	*****	*****	*****	*****		ONCE/MONTH	ESTIMA		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT											713-431-1247		
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
											MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

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If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION

GEG460504			003 1			DRILL CUTTINGS	
PERMIT COVERAGE			DISCHARGE NUMBER			NAF	
NUMBER							
MONITORING PERIOD							
MO	DAY	YEAR		MO	DAY	YEAR	
04	01	13	TO	06	30	13	NO DISCHARGE <input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	*****	*****	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.00001 QTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGRADATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT			TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION _____

GEG460504		003 1		DRILL CUTTINGS		
PERMIT COVERAGE		DISCHARGE NUMBER		NAF		
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13
FROM						NO DISCHARGE <input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	6.9 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.4 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT	REPORT	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247		
TYPED OR PRINTED									AREA NUMBER		MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 867BB**

LOCATION

GEG460504			004 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
04	01	13	TO	06	30	13

PRODUCED WATER

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	PERCENT		SEE PERMIT	CK REQ	
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	PERCENT		SEE PERMIT	CK REQ	
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO MIN	*****	*****	RATIO		SEE PERMIT	CK REQ	
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION _____

GEG460504			005 1			
PERMIT COVERAGE NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

DECK DRAINAGE

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED												
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO DAY YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION

GEG460504			006 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
04	01	13	TO	06	30	13

TCW FLUIDS

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OIL & GREASE 00556 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
WELL FLUIDS, FREE OIL 82603 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
WELL FLUIDS, VOLUME 82604 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION _____

GEG460504			007 1		
PERMIT COVERAGE			DISCHARGE NUMBER		
NUMBER					
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	06	30	13

SANITARY WASTE

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	*****	1.0 DAILY MN	*****	*****	MG/L		ONCE/MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(94)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT VALUE	0=YES 1=NO	*****	*****	*****	*****		ONCE/MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REFERENCE ALL ATTACHMENTS HERE							TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247		
TYPED OR PRINTED									AREA NUMBER		MO DAY YEAR

SEE PAGE 13 OF 13 FOR SIGNED
CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

AREA NUMBER

MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION _____

GEG460504
PERMIT COVERAGE
NUMBER

008 1
DISCHARGE NUMBER

DOMESTIC WASTE

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 867BB**

LOCATION

GEG460504
PERMIT COVERAGE
NUMBER

009 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES - NO
CHEMICALS ADDED

MONITORING PERIOD
MO DAY YEAR
04 01 13 TO 06 30 13

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247		
TYPED OR PRINTED								AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION

GEG460504
PERMIT COVERAGE
NUMBER

MISCELLANEOUS
WASTES
DISCHARGE NUMBER 010 1
CHEMICALS ADDED

MONITORING PERIOD
FROM MO 04 DAY 01 YEAR 13 TO MO 06 DAY 30 YEAR 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA
	PERMIT REQUIREMENT	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****	*****			
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO MIN	*****	*****	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Russell Golson OPERATIONS SUPERINTENDENT	SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT								TELEPHONE	DATE	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 867BB**
LOCATION

GEG460504
PERMIT COVERAGE
NUMBER

011 1
DISCHARGE NUMBER

REPORTS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COOLING WATER BASELINE STUDY 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0*	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	COOLING WATER BASELINE STUDY 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	(9P)	0	
BMP PLAN CERTIFICATION SUBMITTAL? 85873 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247		
TYPED OR PRINTED									AREA NUMBER		MO DAY YEAR

SEE PAGE 13 OF 13 FOR SIGNED
CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

713-431-1247

AREA NUMBER

MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.
* Participating in EPA Region 6 Industry-wide study. No cooling water intake structure at facility.

RE: NPDES Permit No. GEG460504

Mobile 867BB

Discharge Monitoring Reports
for April 1 – June 30, 2013

DISCHARGE MONITORING REPORT

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Russell Golson

(Name)



(Signature)

Operations Superintendent
ExxonMobil Production Company
A Division of Exxon Mobil Corporation

(Title)

7-15-13

(Date)

Wm
8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION _____

GEG460536			001 1			
PERMIT COVERAGE NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

FROM _____ TO _____ NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE PER WEEK	Grab
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(99)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	1000 MX HR RT	BBL/HR	*****	*****	*****	*****		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247		
							AREA CODE		NUMBER		MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

002 1
DISCHARGE NUMBER

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)					
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB		
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)					
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB		
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ		
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ		
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/WEEK	GRAB		
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****					
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247				
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE									MO	DAY	YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	*****	*****	PPM	SEE PERMIT	GRAB	
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 MINIMUM	30000 MO AVG	*****	PPM	ONCE/MONTH	GRAB	
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.00001 QTR MAX	RATIO	SEE PERMIT	CK REQ	
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
STOCK BASE FLUID BIODEGRADATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR MAX	PASS=0 FAIL=1	SEE PERMIT	CK REQ	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REFERENCE ALL ATTACHMENTS HERE							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT										713-431-1247	
TYPED OR PRINTED										AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MO	DAY YEAR

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION

GEG460536		003 1		DRILL CUTTINGS	
PERMIT COVERAGE		DISCHARGE NUMBER		NAF	
NUMBER					
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	TO	06	30 13
NO DISCHARGE <input type="checkbox"/>					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB		
BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	6.9 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB		
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.4 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB		
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ		
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ		
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL		
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****					
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE		
Russell Golson OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER		
TYPED OR PRINTED												MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION _____

GEG460536			004 1				
PERMIT COVERAGE NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	MO	DAY	YEAR	TO	MO	DAY	YEAR
	04	01	13		06	30	13

PRODUCED WATER ☐ NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23) PERCENT				
	PERMIT	*****	*****	*****								
	REQUIREMENT	*****	*****	*****			SEE PERMIT		CK REQ			
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23) PERCENT				
	PERMIT	*****	*****	*****								
	REQUIREMENT	*****	*****	*****			SEE PERMIT		CK REQ			
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MO MIN	*****	*****	(1U) RATIO				
	PERMIT	*****	*****	*****								
	REQUIREMENT	*****	*****	*****			SEE PERMIT		CK REQ			
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 29.0 MO AVG	NODI = C 42.0 DAILY MX	(19) MG/L					
	PERMIT	*****	*****	*****				ONCE/ MONTH	GRAB			
	REQUIREMENT	*****	*****	*****								
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	*****				
	PERMIT	*****	REPORT									
	REQUIREMENT	*****	QTR MAX	BBL/DAY			ONCE/ MONTH		ESTIMA			
	SAMPLE MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION _____

GEG460536			005 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

DECK DRAINAGE

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			SEE PERMIT	VISUAL	
							NO TOTAL	# DAYS				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT											713-431-1247	
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS												
REFERENCE ALL ATTACHMENTS HERE												
If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.												

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 869A**

LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

006 1
DISCHARGE NUMBER

TCW FLUIDS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)		
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/MONTH GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(1M)		
82603 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0 MO TOTAL	0 MO TOTAL	# DAYS		SEE PERMIT VISUAL
See Comments Below	SAMPLE MEASUREMENT			(1N)						
WELL FLUIDS, VOLUME	PERMIT REQUIREMENT	NODI = C REPORT QTR AVG	NODI = C REPORT MO TOTAL	BBL						ONCE/MONTH ESTIMA
82604 1 0 0	SAMPLE MEASUREMENT									
Effluent Gross value	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247		
TYPED OR PRINTED								AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	REFERENCE ALL ATTACHMENTS HERE								MO DAY YEAR	

SEE PAGE 13 OF 13 FOR SIGNED
CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION _____

GEG460536			007 1			
PERMIT COVERAGE			DISCHARGE NUMBER			
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

SANITARY WASTE

FROM _____ TO _____ NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 1.0 DAILY MN	*****	*****	(19) MG/L							
	PERMIT REQUIREMENT	*****	*****	*****						ONCE/MONTH	GRAB				
	SAMPLE MEASUREMENT	*****	*****	*****											
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	PERMIT REQUIREMENT	*****	*****	*****				(1M) # DAYS							
	SAMPLE MEASUREMENT	*****	NODI = C	(94)	*****	*****	*****								
	PERMIT REQUIREMENT	*****	REPORT VALUE	0=YES 1=NO	*****	*****	*****								
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE				
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247						
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
MOBILE 869A

FACILITY

LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

008 1
DISCHARGE NUMBER

DOMESTIC WASTE

MONITORING PERIOD
MO DAY YEAR
04 01 13 TO 06 30 13

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
DOMESTIC WASTE, SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
82608 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	NODI = C					
Effluent Gross Value	SAMPLE MEASUREMENT						MO TOTAL	# DAYS	SEE PERMIT	VISUAL		
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247	
TYPED OR PRINTED									AREA CODE	NUMBER	MO DAY YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

009 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES - NO
CHEMICALS ADDED

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		713-431-1247	
TYPED OR PRINTED						AREA CODE	NUMBER	MO DAY YEAR			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 869A**
LOCATION _____

GEG460536
PERMIT COVERAGE
NUMBER

010 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES
CHEMICALS ADDED

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ	
	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)				
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	# DAYS		SEE PERMIT	VISUAL	
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	RATIO		SEE PERMIT	CK REQ	
	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	*****				
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****	*****		ONCE/MONTH	ESTIMA	
	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO MIN	*****	*****	RATIO		SEE PERMIT	CK REQ	
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT											713-431-1247	
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
											MO DAY YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME

EXXON MOBIL CORPORATION

P.O. BOX 4358 - WGR

HOUSTON, TX 77210

FACILITY

MOBILE 869A

LOCATION

GEG460536
PERMIT COVERAGE
NUMBER

011 1
DISCHARGE NUMBER

REPORTS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
COOLING WATER BASELINE STUDY 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0*	0=YES 1=NO	0	SEE PERMIT	CK REQ
COOLING WATER BASELINE STUDY 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 0 MAXIMUM	0=YES 1=NO	0	SEE PERMIT	CK REQ
BMP PLAN CERTIFICATION SUBMITTAL? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 0 MAXIMUM	0=YES 1=NO	0	SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Russell Golson OPERATIONS SUPERINTENDENT	SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							TELEPHONE	DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							713-431-1247			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	REFERENCE ALL ATTACHMENTS HERE							AREA CODE	NUMBER	MO DAY YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.
* Participating in EPA Region 6 Industry-wide study. No cooling water intake structure at facility.

RE: NPDES Permit No. GEG460536

Mobile 869A

Discharge Monitoring Reports
for April 1 – June 30, 2013

DISCHARGE MONITORING REPORT

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Russell Golson

(Name)



(Signature)

Operations Superintendent
ExxonMobil Production Company
A Division of Exxon Mobil Corporation

(Title)

7-15-13

(Date)

8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535		001 1		DRILLING FLUIDS	
PERMIT COVERAGE		DISCHARGE NUMBER		AQUEOUS	
NUMBER					
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	06	30	13
FROM			TO		
			NO DISCHARGE <input type="checkbox"/>		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000	*****	*****			SEE PERMIT	GRAB	
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000	30000	*****			ONCE/MONTH	GRAB	
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0			SEE PERMIT	CK REQ	
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0			SEE PERMIT	CK REQ	
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			ONCE PER WEEK	Grab	
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(99)	*****	*****	*****	# DAYS				
	PERMIT REQUIREMENT	*****	1000		*****	*****	*****			DAILY	ESTIMA	
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****					
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			ONCE/MONTH	ESTIMA	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT				TELEPHONE		DATE
Russell Golson OPERATIONS SUPERINTENDENT						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	
TYPED OR PRINTED												MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

002 1
DISCHARGE NUMBER

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)			
96-HR LC50 04312 1 0 0 See Comments Below	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/WEEK	GRAB
	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
Russell Golson OPERATIONS SUPERINTENDENT											
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.		TELEPHONE DATE 713-431-1247 AREA CODE NUMBER MO DAY YEAR									

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME

EXXON MOBIL CORPORATION

P.O. BOX 4358 - WGR

HOUSTON, TX 77210

FACILITY

MOBILE 823A

LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

FROM TO

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 30000 MINIMUM	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****					SEE PERMIT	GRAB	
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 30000 MINIMUM	NODI = C 30000 MO AVG	*****	(20))			
	PERMIT REQUIREMENT	*****	*****	*****					ONCE/MONTH	GRAB	
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.00001 QTR MAX	RATIO	SEE PERMIT	CK REQ	
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
STOCK BASE FLUID BIODEGRADATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	RATIO	SEE PERMIT	CK REQ	
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR MAX	PASS=0 FAIL=1	SEE PERMIT	CK REQ	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247			
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210

FACILITY **MOBILE 823A**

LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD
MO DAY YEAR
04 01 13 TO 06 30 13

FROM TO NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB	
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	6.9 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB	
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.4 QTR AVG	*****	PERCENT		SEE PERMIT	GRAB	
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.0 QTR MAX	*****	MG/KG		SEE PERMIT	CK REQ	
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 QTR MAX	*****	MG/KG		SEE PERMIT	CK REQ	
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0 QTR TOTAL	*****	# DAYS		ONCE/ WEEK	VISUAL	
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Russell Golson OPERATIONS SUPERINTENDENT		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT								TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

004 1
DISCHARGE NUMBER

PRODUCED WATER

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****								
						PERCENT	SEE PERMIT		CK REQ			
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MINIMUM	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****								
						PERCENT	SEE PERMIT		CK REQ			
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MO MIN	*****	*****	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****								
						RATIO	SEE PERMIT		CK REQ			
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 29.0 MO AVG	NODI = C 42.0 DAILY MX	(19) MG/L					
	PERMIT REQUIREMENT	*****	*****	*****				ONCE/MONTH	GRAB			
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C REPORT QTR MAX	(03) BBL/DAY	*****	*****	*****					
	PERMIT REQUIREMENT	*****			*****	*****			ONCE/MONTH	ESTIMA		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247			
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

005 1
DISCHARGE NUMBER

DECK DRAINAGE

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			SEE PERMIT	VISUAL	
							MO TOTAL	# DAYS				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT										713-431-1247		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE								MO	DAY	YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

006 1
DISCHARGE NUMBER

TCW FLUIDS

MONITORING PERIOD
MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

FROM NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE 00556 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL 82603 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME 82604 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247			
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

007 1
DISCHARGE NUMBER

SANITARY WASTE

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = 9 1.0 DAILY MN	*****	*****	(19)					
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****						
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	0	(1M)	0	01/01	VISUAL		
	PERMIT REQUIREMENT	*****	*****	*****		*****	0			DAILY	VISUAL		
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	1*	(94)		*****	*****	# DAYS					
	PERMIT REQUIREMENT	*****	REPORT VALUE	0=YES 1=NO		*****	*****				ONCE/MONTH	CERTIF	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247				
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.
* Intermittently manned facility with mascerator system.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**
LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

008 1
DISCHARGE NUMBER

DOMESTIC WASTE

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	NODI = C 0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT								713-431-1247				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE								MO	DAY	YEAR

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME

EXXON MOBIL CORPORATION

P.O. BOX 4358 - WGR

HOUSTON, TX 77210

MOBILE 823A

FACILITY

LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

009 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES - NO
CHEMICALS ADDED

MONITORING PERIOD						
MO	DAY	YEAR	TO	MO	DAY	YEAR
04	01	13		06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS								
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	# DAYS		SEE PERMIT	VISUAL					
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
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	PERMIT REQUIREMENT															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								TELEPHONE		DATE				
Russell Golson OPERATIONS SUPERINTENDENT										713-431-1247						
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO	DAY	YEAR
COMMENTS AND EXPLANATION OF ANY VIOLATIONS																

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME EXXON MOBIL CORPORATION
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY MOBILE 823A
LOCATION _____

GEG460535
PERMIT COVERAGE
NUMBER

010 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES
CHEMICALS ADDED

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)					
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ		
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(23)					
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 7 DA MIN	REPORT MO AV MN	*****	PERCENT		SEE PERMIT	CK REQ		
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			SEE PERMIT	VISUAL		
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	# DAYS					
	PERMIT REQUIREMENT	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****			ONCE/MONTH	ESTIMA		
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(1U)					
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO MIN	*****	*****	RATIO		SEE PERMIT	CK REQ		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
Russell Golson OPERATIONS SUPERINTENDENT									713-431-1247				
TYPED OR PRINTED		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE									MO	DAY	YEAR

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 823A**

LOCATION

GEG460535
PERMIT COVERAGE
NUMBER

011 1
DISCHARGE NUMBER

REPORTS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13 NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
COOLING WATER BASELINE STUDY 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0*	(9P)	0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ		
COOLING WATER BASELINE STUDY 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1 0 MAXIMUM	(9P)	0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ		
BMP PLAN CERTIFICATION SUBMITTAL? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	(9P)	0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
Russell Golson OPERATIONS SUPERINTENDENT											713-431-1247		
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE									MO	DAY	YEAR

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.
* Participating in EPA Region 6 Industry-wide study. No cooling water intake structure at facility.

RE: HPDES Permit No. GEG460535

Mobile 823A

Discharge Monitoring Reports
for April 1 – June 30, 2013

DISCHARGE MONITORING REPORT

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Russell Golson

(Name)



(Signature)

Operations Superintendent
ExxonMobil Production Company
A Division of Exxon Mobil Corporation

(Title)

7-15-13

(Date)

8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME

EXXON MOBIL CORPORATION

P.O. BOX 4358 - WGR

HOUSTON, TX 77210

FACILITY

MOBILE 822G

LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

001 1
DISCHARGE NUMBER

DRILLING FLUIDS
AQUEOUS

MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	TO	06	30 13

FROM

TO

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE								
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS											
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)											
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB								
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)											
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB								
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)											
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ								
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)											
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ								
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)											
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE PER WEEK	Grab								
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(99)	*****	*****	*****	*****											
	PERMIT REQUIREMENT	*****	1000 MX HR RT	BBL/HR	*****	*****	*****	*****		DAILY	ESTIMA								
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****											
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE								
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT										(713) 431-1247									
TYPED OR PRINTED										AREA CODE	NUMBER								
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		REFERENCE ALL ATTACHMENTS HERE						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MO	DAY YEAR								

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591			002 1			DRILL CUTTINGS
PERMIT COVERAGE			DISCHARGE NUMBER			AQUEOUS FLUIDS
NUMBER						
MONITORING PERIOD						
MO	DAY	YEAR	MO	DAY	YEAR	
04	01	13	TO	06	30	13
FROM						NO DISCHARGE <input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	*****	*****	PPM		SEE PERMIT	GRAB	
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	NODI = C	*****	(20)				
	PERMIT REQUIREMENT	*****	*****	*****	30000 DAILY MN	30000 MO AVG	*****	PPM		ONCE/MONTH	GRAB	
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ	
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ	
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 QTR TOTAL	# DAYS		ONCE/WEEK	GRAB	
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE		DATE	
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT												
TYPED OR PRINTED												
COMMENTS AND EXPLANATION OF ANY VIOLATIONS												
REFERENCE ALL ATTACHMENTS HERE												
If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.												

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 30000	*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C 30000	NODI = C 30000	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	MO AVG	*****	PPM		ONCE/MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 0.00001	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	QTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 1.0	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	QTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGRADATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 1.0	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	QTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 1.0	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	QTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 0	(9A)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	QTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT	SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT										
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TELEPHONE (713) 431-1247											
DATE											
AREA CODE NUMBER											
MO DAY YEAR											

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

003 1
DISCHARGE NUMBER

DRILL CUTTINGS
NAF

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(9A)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 WKLY MAX	PASS=0 FAIL=1	ONCE/ WEEK	GRAB
BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	6.9 QTR AVG	*****	PERCENT	SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.4 QTR AVG	*****	PERCENT	SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	3.0 QTR MAX	*****	MG/KG	SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(69)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 QTR MAX	*****	MG/KG	SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)		
	PERMIT REQUIREMENT	*****	*****	*****	*****	0 QTR TOTAL	*****	# DAYS	ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****		
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT QTR AVG	BBL	*****	*****	*****	*****	ONCE/ MONTH	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
TYPED OR PRINTED									MO	DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME EXXON MOBIL CORPORATION
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY MOBILE 822G
LOCATION _____

GEG460591
PERMIT COVERAGE
NUMBER

004 1
DISCHARGE NUMBER

PRODUCED WATER

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	PERCENT		SEE PERMIT	CK REQ	
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	PERCENT		SEE PERMIT	CK REQ	
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C	*****	*****	(1U)				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO MIN	*****	*****	RATIO		SEE PERMIT	CK REQ	
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0	42.0	MG/L		ONCE/ MONTH	GRAB	
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	NODI = C	(03)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT QTR MAX	BBL/DAY	*****	*****	*****	*****		ONCE/ MONTH	ESTIMA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591		005 1		DECK DRAINAGE			
PERMIT COVERAGE NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	MO	DAY	YEAR	TO	MO	DAY	YEAR
	04	01	13		06	30	13
NO DISCHARGE <input type="checkbox"/>							

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	# DAYS		SEE PERMIT	VISUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MO
TYPED OR PRINTED		COMMENTS AND EXPLANATION OF ANY VIOLATIONS						REFERENCE ALL ATTACHMENTS HERE				

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591			006 1			TCW FLUIDS	
PERMIT COVERAGE			DISCHARGE NUMBER				
NUMBER							
MONITORING PERIOD							
MO	DAY	YEAR	MO	DAY	YEAR		
04	01	13	TO	06	30	13	NO DISCHARGE <input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI = C	NODI = C	(19)				
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/MONTH	GRAB	
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C	(1M)				
82603 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL	
See Comments Below	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	*****	*****	*****	*****				
WELL FLUIDS, VOLUME	PERMIT REQUIREMENT	QTR AVG	REPORT MO TOTAL	BBL	*****	*****	*****	*****		ONCE/MONTH	ESTIMA	
82604 1 0 0	SAMPLE MEASUREMENT											
Effluent Gross value	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT		TELEPHONE	DATE	
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	
TYPED OR PRINTED										MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

REFERENCE ALL ATTACHMENTS HERE

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**

LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

007 1
DISCHARGE NUMBER

SANITARY WASTE

MONITORING PERIOD

MO	DAY	YEAR	MO	DAY	YEAR
04	01	13	06	30	13

FROM

TO

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = 9 1.0 DAILY MN	*****	*****	(19)				
	PERMIT REQUIREMENT	*****	*****	*****								
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	MG/L (1M)		ONCE/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****		0	0		0	01/01	VISUAL	
						MO TOTAL	# DAYS		DAILY	VISUAL		
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*0	(94)	*****	*****	*****	*****	0	1/30	CERTIF	
	PERMIT REQUIREMENT	*****	REPORT VALUE	0=YES 1=NO		*****	*****		*****	ONCE/ MONTH	CERTIF	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT								TELEPHONE (713) 431-1247		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.
* Workover boat was on site and utilized a Marine sanitation device.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**

LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

008 1
DISCHARGE NUMBER

DOMESTIC WASTE

MONITORING PERIOD

FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(1M)			
82608 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	NODI = C				
Effluent Gross Value							0				
	SAMPLE MEASUREMENT						MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT	SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							TELEPHONE		DATE	
TYPED OR PRINTED								(713) 431-1247			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	MO DAY YEAR	

REFERENCE ALL ATTACHMENTS HERE
If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
MOBILE 822G

FACILITY _____

LOCATION _____

GEG460591
PERMIT COVERAGE
NUMBER

009 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES - NO
CHEMICALS ADDED

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(1M)	0	01/01	VISUAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	(1M)		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT						MO TOTAL	# DAYS			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT								(713) 431-1247			
TYPED OR PRINTED		REFERENCE ALL ATTACHMENTS HERE						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS											

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **EXXON MOBIL CORPORATION**
P.O. BOX 4358 -WGR
HOUSTON, TX 77210
FACILITY **MOBILE 822G**
LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

010 1
DISCHARGE NUMBER

MISCELLANEOUS
WASTES
CHEMICALS ADDED

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT 7 DA MIN	NODI = C REPORT MO AV MN	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****					SEE PERMIT	CK REQ	
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT 7 DA MIN	NODI = C REPORT MO AV MN	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****					SEE PERMIT	CK REQ	
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI = C 0 MO TOTAL	(1M)			
	PERMIT REQUIREMENT	*****	*****	*****					SEE PERMIT	VISUAL	
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	*****	NODI = C REPORT QTR MAX	(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****							ONCE/ MONTH	ESTIMA	
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	NODI = C REPORT MO MIN	*****	*****	(1U)			
	PERMIT REQUIREMENT	*****	*****	*****					SEE PERMIT	CK REQ	
	SAMPLE MEASUREMENT							RATIO			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT							TELEPHONE	DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							(713) 431-1247		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.		REFERENCE ALL ATTACHMENTS HERE							AREA CODE	NUMBER	MO DAY YEAR

PERMITTEE NAME/ADDRESS
Include Name/Location if different

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME EXXON MOBIL CORPORATION
P.O. BOX 4358 - WGR
HOUSTON, TX 77210
FACILITY MOBILE 822G

LOCATION

GEG460591
PERMIT COVERAGE
NUMBER

011 1
DISCHARGE NUMBER

REPORTS

MONITORING PERIOD
FROM MO DAY YEAR TO MO DAY YEAR
04 01 13 TO 06 30 13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COOLING WATER BASELINE STUDY 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0*	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0=YES 1=NO		SEE PERMIT	CK REQ
COOLING WATER BASELINE STUDY 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0=YES 1=NO		SEE PERMIT	CK REQ
BMP PLAN CERTIFICATION SUBMITTAL? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(9P)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT						MAXIMUM				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
RUSSELL F. GOLSON OPERATIONS SUPERINTENDENT		SEE PAGE 13 OF 13 FOR SIGNED CERTIFICATION STATEMENT									
TYPED OR PRINTED		TELEPHONE DATE (713) 431-1247									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.		AREA CODE NUMBER MO DAY YEAR									

RE: NPDES Permit No. GEG460591

Mobile 822G

Discharge Monitoring Reports
for April 1st 2013 – June 30th 2013

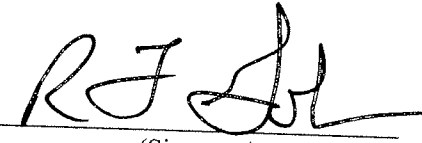
DISCHARGE MONITORING REPORT

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Russell F. Golson

(Name)



(Signature)

Operations Superintendent
ExxonMobil Production Company
A Division of Exxon Mobil Corporation

(Title)

7-15-13

(Date)

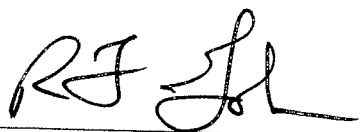
**EXXON MOBIL CORPORATION
DISCHARGE MONITORING REPORT
NO DISCHARGE / NO ACTIVITY LISTING**

Yum
8/19/13

**FOR THE MONITORING PERIOD
04/01/13 – 06/30/13**

NPDES Permit No.	Area/Block/Well
GEG460534	Mobile 822 E
GEG460571	Mobile 822 F

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Russell Golson
Operations Superintendent
ExxonMobil Production Company
A division of Exxon Mobil Corporation

7-15-13

Date